

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Thelma Hayter, DMH
Scribe: Joe Sauls
Date: 10/26/05
Time: 10:00am - 11:00 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

x Sharlene Bryant	Others:
x Cathy Bennett	x Tim Sullivan
Cheryl McQueen	x Jamie Herubin
x Shannon Johnson	x Sandy Flores
Gary Imes	Sara Parks
x Joyce Sims	x Mike Frost
x Joe Sauls	Linda Smith
x Rick Debell	Carlisa Stallings
x Thelma Hayter	x Paul Carr
Eric Johnson	

Attendees:

x Alamance-Caswell	x Onslow
x Albemarle	x OPC
x Catawba	x Pathways
x Centerpoint	x Pitt
x Crossroads	x Roanoke-Chowan
x Cumberland	x Rockingham
x Durham	x Sand hills Center
x Eastpointe	x SE Center
x Edgecombe-Nash	x SE Regional
x Five – County MHA	x Smoky Mountain
x Foothills	x Tideland
Guilford	x Wake
x Johnston	x Western Highlands
x Mecklenburg	x Wilson-Greene
x Neuse	
x New River	

Attendees:

Item No. Topics

1. **Division and EDS Review**

Review checkwrite – October 21st

Upcoming checkwrites: (cut-off dates) November 4th, 11th, 18th

Update on Medicaid Issues

BugCentral Status

Key CSRs

Operations Support: File Maintenance, Security, and Help Desk
2. **Area Programs**

Area Programs, Division and EDS

Roll call

Please mute phones or refrain from excess activity to help with communications. Please state your name and which Area Program you are from when you speak.

Review Check-Write October 21st

Upcoming Check-write (cut-off dates) – November 4, 11, 18

Agenda items

Rounding of the Non-Clinician rate for H0005

Reminder: After receiving new provider numbers from DMA, please send these numbers to the IPRS QA distribution list:
IPRS.Qanda@ncmail.net

IPRS Questions or Concerns

DMA Direct Provider Enrollment Questions

MMIS Updates – Tim Sullivan & Shannon Johnson

Medicaid Questions or Concerns

DMH and/or EDS concluding remarks

Roll Call Updates

Next Meeting: November 2, 2005

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc., call the IPRS Help Desk – 1-800-688-6696, ext 53355, M-F, 8:00 a.m. - 4:30 p.m., excluding holidays.

DMH IPRS Question and Answer email address -
iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:00 a.m. DIVISION AND EDS REVIEW)

Item No.	Topics
1.	<p>Review Checkwrite from October 21, 2005</p> <p>A number of Area Programs had large number of denials for duplicates and direct provider enrollment issues. Provider Services will initiate communications with those APs.</p> <p>A portion of the DPE denials were due to the Service Facility Location number not being the Agency where the service was provided.</p> <p>The timeframe to submit claims to avoid timely filing denials is now complete. Claims with dates of service between 7/1/04 and 6/30/05 will now deny.</p> <p>Reminder: No checkwrite for this weekend (10/28/2005).</p>
2.	<p>Upcoming checkwrites: November 4th, 11th, 18th</p>
3.	<p>Update on Medicaid Issues: EDS did receive a memo from DMA to bypass Medicare for T1017 HE. No target date has been set for implementation</p>
4.	<p>Bug Central Status: There are two bugs that are currently in customer review.</p> <p>Bug 277766 can be closed.</p>
5.	<p>Key CSRs: CSR 759 Retro-Med DPE – This CSR will remain open until claim denials lessen. The walkthrough for Retro-Medicaid changes for this CSR has been scheduled for October 27, 2005.</p> <p>CSR 783 - The implementation of T1017/HI will follow Medicaid's schedule.</p> <p>Discussion about Specialized Therapy limits to be held after Core Meeting today.</p>
6.	<p>Operations Support – File Maintenance, Security – YP962 has been added to the select benefit packages and both T1017/HI and YP962 have been added to the Level III file. IPRS will implement with Medicaid. The only remaining step to implement will be the addition of appropriate crosswalks.</p> <p>Code Sets for HIPAA. The EOB changes that Sandy Flores sent out that cover the last two quarters need to be reviewed and approved by DMH.</p> <p>Checkwrite schedule proposed for 2006. It has been routed through DMA, and they are reviewing the first six months.</p>

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which Area Program you are from when you speak.
3.	<p>Review Checkwrite – October 21st</p> <p>Q: Albemarle (Sharlene) – Question regarding denials for EOB 8534?</p> <p>A: Thelma – Use a valid attending provider number (agency) in the service facility location on the 2310D loop. This is not the group provider numbers.</p> <p>C: Sharlene (EDS) - Linda Smith from IPRS will follow up with those Area Programs receiving</p>

	<p>DPE denials.</p> <p>Q: Five Co. (Eva) – Question regarding claims for 99214 being denied with EOB 79.</p> <p>A: Thelma – Please send examples to IPRS Q and A.</p> <p>Q: Western Highlands (Tom) – Has T1017 HI been implemented to production?</p> <p>A: Tim – It has not been moved in Medicaid and there is no target date set. The reason for this is that DMA added more requirements during their review of test results.</p> <p>Q: Tom – follow-up – If T1017/HI is submitted today for CAP clients, will it deny?</p> <p>A: Tim – Yes, the claim will deny.</p> <p>Q: Wake (Bonnie) Question regarding CAP services (T1017 HE and old W codes) with dates of service prior to 9/1/2005.</p> <p>A: Please send examples to Q and A to be forwarded to Shannon Johnson for review.</p> <p>Q: Catawba (Jeanna) – Can they send T1017 HE for DOS after 9/1/2005?</p> <p>A: Shannon – Yes, it is a valid code.</p> <p>C: Catawba (Jeanna) – Concerned that DMA will audit HE paid claims after 9/1 (HI effective date) and ask that the money be paid back.</p> <p>A: Shannon – Claims paid after 9/1 for HE shouldn't be audited since claims couldn't be billed with HI because it was not in effect.</p> <p>Q: Sandhills (Angela) –H0036 denials for Medicare. Did that change?</p> <p>A: Tim will check to see if the H0036 is set to bypass Medicare.</p> <p>Q: Western Highlands (Tom) – Can the information about T1017/HE be sent in writing?</p> <p>A: Thelma – We will capture the information and note it in the Core Team minutes.</p> <p>Q: Western Highlands (Tom) – Is Core Team a policy setting committee?</p> <p>A: Thelma – No, Core Team doesn't set policies. Tim – System changes are made as they are requested from DMA.</p> <p>C: Thelma – We will request a member from Carol Robertson's group to attend the Core Team meeting each week to assist with policy questions/issues.</p> <p>Q: Western Highlands (Tom) - Finds Medicaid bulletins helpful. Could the information be noted in the bulletin?</p> <p>A: Shannon – To publish information in a bulletin would have to be authorized by Carol Robertson.</p> <p>Q: Neuse Center (Kim) – Asked other APs how they bill H0031 done at an ER by a therapist for a client who has Medicare and Medicaid. Do they bill Medicare first to receive the denial and then bill Medicaid?</p> <p>A: No answer provided by LMEs.</p>
4.	Upcoming checkwrite (cut-off dates) November 4 th , 11 th , 18 th
5.	<p>Rounding of the Non-Clinician rate for H0005 – Mike</p> <p>Several weeks ago, AP's asked whether or not the rates for H0005 are rounded? Research discovered that for H0001, H0005, and H0031 rates for non-licensed clinicians are rounded for Medicaid. To be consistent with Medicaid, IPRS is in the process of making the rounding change and it should go into effect in the next checkwrite cycle. The only code impacted by this change is H0005. The 70% rate will be rounded to \$5.68. The rates for H0001 and H0031 were not impacted by rounding.</p>

	<p>Thelma – Non-license fee schedule is now back on the DMA website.</p> <p>Thelma – Reminder on sending group numbers. Attending to be enrolled by LMA.</p> <p>Timely Filing is now complete – Timely Filing ended with the 10/21 checkwrite for claims with DOS 7/1/04 – 6/30/05; these claims will now deny. Can continue to send in for denials, if needed.</p> <p>Reminder: After receiving new provider numbers from DMA, please send these numbers to the IPRS QA distribution list: IPRS.QandA@ncmail.net</p> <p>IPRS Questions or Concerns – none</p> <p>DMA Direct Provider Enrollment Questions – none</p> <p>MMIS Updates: Tim – H0036 does bypass TPL but not Medicare. Any denials for Medicare are appropriate. Has not changed.</p> <p>T1017 HE billing after September. Nothing in writing as of now.</p> <p>Medicaid Questions or Concerns: Western Highlands (Tom) – Having denials for CAP clients. Sent in examples last week to Q & A and have not received an answer. Shannon – 68 already addressed. Tom will send in non-Medicare examples.</p>
6.	DMH and/or EDS Concluding Remarks:
7.	Updates to Roll Call; Other Questions?

Action Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
AI#.						

Issue Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
II1.						